

General Information and Consent Form

(To be completed by parent / adult with parental responsibility)

Name of Church

Church Activity

Full name of child/young person

Date of birth

Address

.....

Details of any medical condition (e.g. asthma, epilepsy, diabetes, allergies or dietary needs), disability or regular medication which may affect normal activity

.....

Date of most recent anti-tetanus injection, if known

With whom does your child live?

Status of above:

parent(s) guardian foster-parent other (please state)

(please circle the one which applies)

Tel. No. daytime evening

Name of alternative adult contact (e.g. grandparent, aunt, close friend)

.....

Tel. No.

Consent Section

I give permission for("my child") to take part in the normal activities of the group. I understand that separate permission will be sought for certain activities, including swimming and any outings outside the normal meeting times of the group. I understand that he/she will be in the control and care of the group leaders approved by the church leadership.

The group leaders will ensure that at least one of the leaders present is a trained first-aider.

I give permission for a trained first-aider only to administer first aid to my child above as the first-aider considers necessary in the best interests of my child. YES/NO

In a situation where my child requires emergency medical or dental treatment and I cannot be contacted I consent to medical and dental professionals providing treatment as they consider necessary in the best interests of my child. YES/NO

At the end of each group:

My child will make their own way home (delete if not applicable)

My child will be collected by one of the following people:

.....

.....

.....

Signed (parent/adult with parental responsibility).....

Print Name:

Relationship to child:

Date: